

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
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28						
29						
30						
31						
32						
33						
34						
35		1				
36						
37						
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	110					
TOTAL CLAIMS	118					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1			101	
52					102	
53					103	
54					104	
55					105	
56					106	
57					107	
58					108	
59					109	
60					110	
61					111	
62					112	
63					113	
64					114	
65					115	
66					116	
67					117	
68					118	
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS